

RETIREMENT ESTIMATE FORM

NAME: _____

SS#: _____

DOB: _____

RETIREMENT PLAN: _____ CSRS _____ OFFSET _____ FERS
COVERED UNDER SPECIAL RETIREMENT (FF/LEO): ____ YES ____ NO

DATE OF RETIREMENT: _____

AT RETIREMENT, DO YOU WANT:

HEALTH BENEFITS: ____ YES ____ NO

PLAN NUMBER: _____

LIFE INSURANCE: ____ YES ____ NO

IF YES, REDUCE AT AGE 65 (BASIC AND OPTIONAL ONLY)

____ YES ____ NO

IF YES, REDUCE:

____ 50% ____ 75%

SPOUSE ANNUITY: ____ YES ____ NO

IF YES, ELECT:

____ FULL ____ PARTIAL (MUST GIVE %)

IF YOU HAD ANY OF THE FOLLOWING:

DID YOU PAY YOUR TEMPORARY TIME: ____ YES ____ NO

IF NO, DO YOU PLAN TO PAY:

____ YES ____ NO

DID YOU PAY YOUR MILITARY DEPOSIT: ____ YES ____ NO

IF NO, DO YOU PLAN TO MAKE A DEPOSIT:

____ YES ____ NO

DID YOU WITHDRAW RETIREMENT CONTRIBUTIONS?

____ YES ____ NO

IF YES, DID YOU MAKE A REDEPOSIT (CSRS ONLY)?

____ YES ____ NO

CSRS ONLY:

UNUSED SICK LEAVE: _____ HRS

ATTACH A COPY OF YOUR MOST RECENT SSA STATEMENT